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| <i>Index of Claims</i>  | Application/Control No. 10568170 | Applicant(s)/Patent Under Reexamination STAMPS ET AL. |
| | Examiner Melody M Burch | Art Unit 3683 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | | | | | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
|--|----------|------------|------------|------------|------------|------------|------------|------------|------------|--|------------------------------|--|-------------------------------|--|---------------------------------|--|
| CLAIM | | DATE | | | | | | | | | | | | | | |
| Final | Original | 09/14/2008 | 03/01/2009 | 05/25/2009 | 12/11/2009 | 03/23/2010 | 09/06/2010 | 12/04/2010 | 05/02/2011 | | | | | | | |
| | 1 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 2 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 3 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 4 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 5 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 6 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 7 | ✓ | + | ✓ | ✓ | ✓ | ✓ | - | - | | | | | | | |
| | 8 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 9 | ✓ | + | ✓ | ✓ | ✓ | ✓ | - | - | | | | | | | |
| | 10 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 11 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| | 12 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 13 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 14 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | 15 | ✓ | + | ✓ | ✓ | ✓ | ✓ | - | - | | | | | | | |
| | 16 | ✓ | + | ✓ | ✓ | ✓ | ✓ | - | - | | | | | | | |
| | 17 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| | 18 | ✓ | + | ✓ | ✓ | ✓ | ✓ | - | - | | | | | | | |
| | 19 | ✓ | + | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| | 20 | ✓ | + | N | N | ✓ | ✓ | ✓ | ✓ | | | | | | | |